

LONGVIEW FIRE DEPARTMENT
APPLICATION FOR SMOKE DETECTOR(S)/BATTERIES

NAME

FIRST

MIDDLE

LAST

ADDRESS

STREET

CITY/STATE

ZIP

TELEPHONE

HOME TELEPHONE

WORK TELEPHONE

**Longview Residents only

THE APPLICANT HEREBY RELEASES THE LONGVIEW FIRE DEPARTMENT OF ANY AND ALL LIABILITY PERTAINING TO THE PERFORMANCE OF THE SMOKE DETECTOR IN THE EVENT THE SMOKE DETECTOR FAILS TO PERFORM PROPERLY DURING A FIRE OR ANY OTHER CONDITIONS THE SMOKE DETECTOR WAS DESIGNED TO OPERATE IN. THE APPLICANT ALSO AGREES TO RELEASE THE LONGVIEW FIRE DEPARTMENT OF ANY LIABILITY PERTAINING TO DAMAGE THAT MAY RESULT DURING THE INSTALLATION OF THE SMOKE DETECTOR. THE APPLICANT WILL ALSO ALLOW THE LONGVIEW FIRE DEPARTMENT TO INSTALL THE SMOKE DETECTOR AND TO INSPECT AND PERFORM ANY NECESSARY MAINTENANCE AT NO CHARGE TO THE APPLICANT.

APPLICANT'S SIGNATURE

DATE

RETURN FORM TO LONGVIEW FIRE DEPARTMENT, P.O. BOX 1952, LONGVIEW, TX 75606 OR FAX TO (903) 234-8919

FOR DEPARTMENT USE ONLY

DATE INSTALLED

NUMBER INSTALLED

SHIFT INSTALLING DETECTORS

PERSONNEL INSTALLING DETECTOR(S)
